

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000085142 (5)

95 FEB 14 PH 2:39

1. Corporation Name
UNIVERSITY TITLE SERVICES, INC.

Principal Place of Business Mailing Address
1023 MANATEE AVE W 1023 MANATEE AVE W
BRADENTON FL 34205 BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/22/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				65-0537845	Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRIMES, CALEB J 1023 MANATEE AVE W BRADENTON FL 34205				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSTLETHWAITE, ROGER F	1.2 NAME	
STREET ADDRESS	7550 LORRAINE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34202	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCALL, J SCOTT	2.2 NAME	
STREET ADDRESS	100 N TAMPA ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33602	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLADFELTER, LESLIE H	3.2 NAME	
STREET ADDRESS	1023 MANATEE AVE W	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34205	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	C. Samuel Whitehead
STREET ADDRESS		4.3 STREET ADDRESS	Post Office Box 5276
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Englewood, Florida 34224
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leslie H. Gladfelter* 2.2.95 813-748-0151
 PRINTED NAME AND TYPED OR PRINTED TITLE OF SIGNING OFFICER OR DIRECTOR: Leslie H. Gladfelter, Director